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Report on Family Support Services

Ministry of Children and Family Development

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Internal Audit & Advisory Services
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Fieldwork Completed: November 2001

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Glossary

the ministry	Ministry of Children and Family Development
CSMs	Community Services Managers
CF&CS Act or the Act	*Child, Family and Community Service Act*

105-00849/

Executive Summary

We have completed our audit of the family support services funded in 2001 by the Ministry of Children and Family Development (the ministry). Our audit excluded services provided to families with children with special needs. The purposes of the audit were:

- to catalogue the services that were charged to six accounts in the family support section of the chart of accounts; and
- for the most significant clusters of those services, to assess service delivery.

Catalogue of services

In 2000/01 the ministry spent approximately $75 million on the six accounts in question. Our key findings were as follows.

- Over 90% of the total was paid to contracted service providers. Most of the remainder was paid to foster parents for short-term respite for parents with difficulties.
- Approximately 90% of the total spending was for services for which access was controlled by the regions. The majority of this spending applied to child protection cases. The other 10% of the total spending was paid to agencies to provide a wide range of support services directly to family members without ministry involvement. In many cases, individual contracts' services were used for both protection and non-protection cases. Clients' needs are often very similar in both cases.

The report body includes various analyses of the services.

Service Delivery

Ministry Framework

We assessed the ministry's framework of planning and organizing for delivery of the family support services and found that headquarters and the regions needed to define and document their objectives, desired outcomes, plans, and measurable performance indicators. We believe that headquarters should provide the regions with more direction and support in terms of setting objectives, prioritizing amongst competing demands for limited resources, and co-ordinating and developing policy and standards other than for child protection. Given that objectives for family support services were not defined, it was not possible to assess the effectiveness of the services.

Adequacy of Services

Generally, we found that the regions use only informal methods to assess how well the services meet regional and client needs. A more structured process would allow the regions to document and, therefore, better demonstrate their degree of success in meeting regional and client needs.

One way that the regions respond to changing and emerging needs is by encouraging their contractors to modify their services. The regions indicated, however, there are significant challenges to modifying contracts. As a result, they often find themselves operating with contracts with which they are not satisfied.

Almost all regional staff reported that there were service gaps in their districts. Some of the more commonly noted service gaps were preventive services, intensive parent training services, services for youth aged 15 to 18, and mental health services for families with members with mental health issues.

Regional staff reported that in the past two years child protection cases have used more of the available services for which the ministry is gatekeeper, leaving fewer services for non-protection cases. They said that client-requested services were usually not available for non-protection cases. More recently, headquarters gave the regions direction to further reduce services for non-protection cases to relieve budget pressures. Some field staff felt this is inconsistent with ministry priorities and may lead to more child protection cases in the long term.

Policy and Standards

Standards and best practices have been developed for the field of child protection. For other family support services, however, standards have not been developed and ministry policy has not been updated since 1996. Few regional staff consider the policy relevant or helpful. Areas without policy include waitlist management, supervised visitations, and services for which contractors serve as gatekeepers.

Effectiveness of Services

While the regions monitor the progress of each client, they do not have a process for assessing the relative effectiveness of the various approaches and services used to serve families in similar situations. Such a process would provide the ministry with the basis for assessing the relative performance of its contractors, district offices and regions. This information would enable the ministry to assess the value received for its expenditures for family support services.

We also noted the ministry does not have an established process for researching literature and sharing best practices for family support services other than child protection. A structured process would help the regions to guide their contractors towards use of more effective approaches.

Evaluation of Contractors

We found that regional management does not have some of the information needed to manage the family support services contracts. In the contractor files we sampled, less than 20% contained all of the contractually required reports and more than half had none of the required reports. In addition, while the regions do some informal monitoring of contractors' performance, they rarely perform formal contractor evaluations.

* * *

Our detailed comments and recommendations are presented in the body of the report. A group of headquarters staff assisted us in developing the recommendations. Since the completion of the audit fieldwork, the ministry has announced its intent to make major changes, including clarifying its objectives, targeting services to particular needs, defining desired outcomes, and implementing more accountability. Those changes address some of the issues identified by this audit. The audit recommendations take those changes into account.

We would like to express our appreciation to the many ministry staff who assisted us with this audit, including those who served on the ministry working group and the management and staff of headquarters, the Capital Region, the Central/Upper Island Region, the Kootenays Region, the Okanagan Region and the Vancouver/Richmond Region.

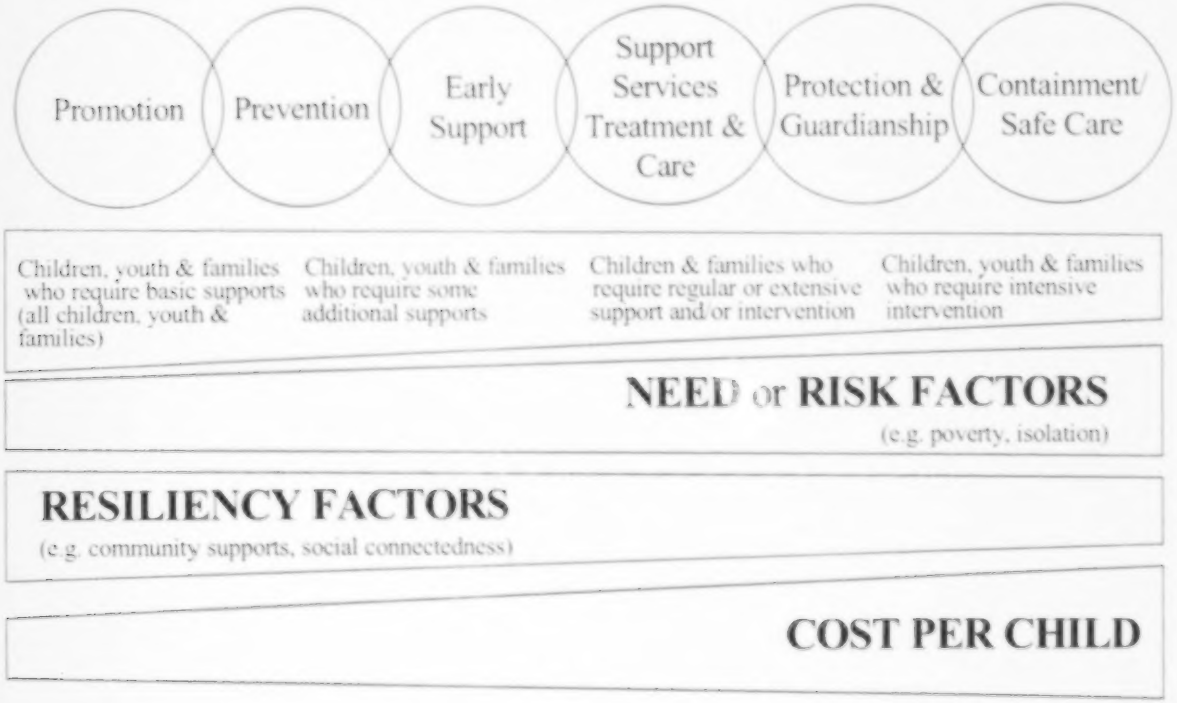
David J. Fairbotham
Executive Director
Internal Audit & Advisory Services

November 14, 2002

Introduction

The Ministry of Children and Family Development (the ministry) offers a continuum of support services to meet the needs of children and families regardless of their risk factors. Family support services are services intended to promote family wellness, preserve family integrity and enhance family functioning by assisting families to acquire parenting and child development skills and by addressing factors which affect their capacity to parent. Research indicates that promotion of family wellness is likely to contribute to a reduction in the number of children coming into the ministry's care. Figure 1 below illustrates how the continuum of services extends from promotion through prevention to child protection.

Figure 1: Continuum of Support for Children, Youth and Families


Promotion
Prevention
Early Support
Support Services Treatment & Care
Protection & Guardianship
Containment/ Safe Care
Children, youth & families who require basic supports (all children, youth & families)
Children, youth & families who require some additional supports
Children & families who require regular or extensive support and/or intervention
Children, youth & families who require intensive intervention
NEED or RISK FACTORS
(e.g. poverty, isolation)
RESILIENCY FACTORS
(e.g. community supports, social connectedness)
COST PER CHILD
Population-based < > Individual-based
Universal Services < > Targeted Services
Less Disruptive < > More Disruptive
Less Vulnerable < > More Vulnerable
Proactive < > Reactive

The ministry's regional offices are charged with the responsibility to identify and respond to needs for family support services within their communities. All regions offer a range of family support services. Almost all of these services are delivered through contracted agencies.

Examples of family support services include:

- parenting programs, from voluntary to required;
- family enhancement and family preservation programs;
- homemaker/home support workers, and child and youth care workers providing services to assist with a range of needs; and
- family, parent, child and youth counselling, for various purposes.

In June 2000, senior ministry management requested that Internal Audit & Advisory Services assist them with an examination of the ministry's family support services. Planning, preliminary analyses and discussions led to completion of terms of reference for this audit in July 2001.

Purpose

The purposes of the audit were:

- to catalogue the services that are charged to specified accounts in the family support section of the chart of accounts; and,
- for the most significant clusters of those services, to assess service delivery.

Scope and Approach

For the services which were charged to the following six accounts in the family support section of the chart of accounts: (We note that these accounts exclude services provided to families with children with special needs. There are separate accounts for those services.)

- 14301 – Respite;
- 14302 - Homemakers / home support workers;
- 14303 - Direct financial support to families (this account was added subsequently to the signing of the terms of reference);
- 14304 - Protective family support programs;
- 14305 - Non-protective family support programs; and
- 14306 - Community projects' funding,

the audit examined:

- legislation and policy;
- headquarters' planning and direction;
- regional offices' management and co-ordination;
- ministry records of budgets and expenditures from April 2000 to March 2001; and
- contracts with service providers, and related records.

The audit involved:

- preliminary review, analysis, and examination of a sample of contracts related to all services provided by the ministry that could be considered to be supportive of families;
- consultation with senior ministry management for the development of the purposes, scope and approaches for the audit;
- occasional consultation with a working group of representatives from headquarters who provided input to our audit approaches and feedback on our preliminary findings;
- selection by senior ministry management of a pilot region and four other regions to be visited for the audit;
- in the pilot Capital region, interviews with ten staff, from Regional Executive Director to social workers, to refine the audit approaches and procedures to be used in the other four regions;

- in the other four regions visited, Central/Upper Island, Kootenays, Vancouver/Richmond and Okanagan, interviews with 49 regional and district staff of all levels involved in delivery of child protection and family support services;

- selection and examination of a sample of five regions' contractor files; and

- interviews with selected headquarters staff.

The audit plan included a survey of regional ministry staff to determine how well staff in various positions display a consistent knowledge and understanding of the goals, intended outcomes, plans, performance measures and policy for family support services as a whole and for each family support service. However, in consultation with senior ministry management, we decided the survey would not be undertaken.

The audit fieldwork was completed from July to November 2001.

We developed the audit recommendations with the assistance of a working group of senior headquarters staff.

Subsequent to the completion of the audit fieldwork, the ministry announced that it will move to a regional authorities governance model by 2003/04. The audit recommendations have taken this into consideration. Recommendations related to regional operations are intended to help the ministry develop a stronger accountability framework both for the interim and for use within the new governance model.

Objectives

The terms of reference specified two objectives for the audit:

1. Inventory of Services

To develop an inventory of the services delivered in 2000/01 under the six accounts specified in the scope section above which was to:

- provide a summary of services, including service descriptions, goals, costs, characteristics of target client groups, eligibility criteria, numbers of clients served, and whether or not either income testing or a support services agreement was required;

- identify the range of types of services being provided through these accounts, and the estimated total annual contract cost and numbers served by each;

- analyze the allocation of resources by target group (children 0-6, children 7-12, youth, parents, families, communities) and by level of intervention (reactive, proactive for at-risk families, or proactive for all); and

- provide that information by region.

2. Assessment of Services

To assess the delivery and co-ordination of the major family support services. In consultation with a committee of ministry management, we focused on a number of the most significant clusters of services identified through objective 1. This objective had four sub-objectives related to:

a) framework;

b) service approaches and delivery;

c) intake, assessment and case planning; and

d) monitoring and reporting.

Details of each of those four sub-objectives were stated in the terms of reference and are repeated in the relevant subsections of the Comments and Recommendations section below. The criteria against which we assessed the ministry's performance were included in the terms of reference as an appendix which is repeated here as Appendix A.

Service Delivery System

The following is an explanation of the system within which the ministry provides family support services.

Definition of Family Support Services

The term 'family support services' is not defined in legislation or policy. We developed and obtained ministry approval of the following definition for the purposes of this audit.

"Family support services are services intended to promote family wellness, preserve family integrity and enhance family functioning by assisting families to acquire parenting and child development skills and by addressing factors which affect their capacity to parent".

This definition is considered to include:

- child protection activities;
- services for non-protection clients available only through the regions; and
- services provided to families by contracted agencies for such purposes as:
  - promotion of community, family and individual wellness;
  - prevention of family strife and breakdown; and
  - provision of early childhood development services.

It excludes services provided to families with children with special needs.

The System

The ministry staff who deal with family support services are charged with a very broad mandate, ranging from promoting wellness of communities, families and individuals, to developing and providing services that will prevent the deterioration of families' situations, to actively intervening in families' lives when necessary.

Family support services can be accessed through either district offices of the ministry or funded contractor's offices. The services are used primarily for child protection cases as shown in the following table:

Services for	Accessible through	Approximate Percentages
Child protection cases	Ministry offices	80%
Non-protection cases	Ministry offices	10%
Family members in communities	Contracted agencies	10%
Total		**100%**

The ministry regions are responsible for identifying needs and providing family support services. Within each region, direct responsibility is held by two to four Community Services Managers (CSMs), who are also responsible for other services such as youth justice and child/youth mental health. Virtually all family support services are provided by contractors. Some contracts specify that the services are to be available only to clients referred by the ministry, some give priority to ministry clients, and others enable the contractors to control access.

There are two systems by which the regions deliver family support services.

1. One system can be accessed only through the regions' social workers in district offices. Most families enter this system as the result of a child protection report. Others enter by their own request or by referral from other services in their communities. There are two streams in this system:

   - When regional staff investigate a child protection report and conclude that a child is in need of protection, then the region's social workers develop a risk reduction plan intended to help make the family situation safe for the child. Under the plan, the family is provided services by one or more of the contractors, and the family's progress is monitored by the social worker. This is referred to as the protection stream.

   - When regional child protection report investigators conclude that a child is not in need of protection, and when families request support services, families may be provided services by one or more of the contractors. This is referred to as the non-protection stream.

2. In the other system, the regions contract with community service agencies to provide family support services directly to families, without ministry involvement.

Child protection cases originate with a report that a child may be in need of protection. Specialized child protection teams investigate the reports and, using standardized risk assessment tools, decide whether children need protection. After the decision, if services are to be provided, the cases are transferred to family service teams, who work with the families to arrange for services intended to improve the families' situations.

Non-protection cases can originate either from a request for services or from an investigation which concluded that children were not in need of protection, but that provision of services is advisable. Family service teams handle the non-protection cases.

The general nature of most of the services accessible only through the ministry include parent training, counselling, short-term respite for parents, and in-home supports provided by homemakers, home support workers, child/youth care workers and family support workers.

The services accessible directly through contracted agencies are made known to potential service users either by promotion of the services by the agencies or by referral to the agencies of people requesting services. Generally, CSMs rely on the contracted agencies to self-determine the services they will provide, based on the contractors' knowledge of their own communities. The nature of the services provided range widely, with significant differences between regions. Some of the relatively common services are drop-in parenting groups for mothers of young children, lay counselling services, and parent-teen mediation. The ministry devotes virtually no staff time to these services other than contract management and some monitoring.

It was consistently reported that in recent years child protection has used an ever-increasing proportion of the family support services budgets, leaving less and less funding available for non-protection cases and community agencies' services. We found no benchmark against which to compare the percentages shown in table 1 above, but regional staff reported that the shift is quite significant. We were told that five to ten years ago, little distinction was made between protective and non-protective cases. Since then, that distinction has become stronger and stronger. As more of the available budget was used for protection cases, the services available for non-protection clients diminished. Regions reported varying percentages of services used for non-protective cases, ranging from 0% to 30%. Some district office staff reported that they serve no non-protection clients, and others reported that they serve only the most urgent needs, which are usually those with a high risk of soon becoming protection cases, which they refer to as 'pre-protection' cases.

Responsibility for support of the regions' family support services activities in the form of policy, standards, best practices and quality assurance has long been split between two divisions at headquarters. Until recently, the ministry's Early Childhood Development and Community Services Division was responsible for family supports in general, and the Child Protection Division guides child protection activities. Subsequent to the audit fieldwork, the ministry has decided to assign responsibility for both child protection and family support services to a new division, the Child and Family Development Division.

Comments and Recommendations

1.0 Audit Objective 1 - Inventory of Services in Six Accounts - 14301-06

The first audit objective was to develop an inventory of the services delivered in 2000/01 under the six accounts specified in the scope section above which was to:

- provide a summary of services, including service descriptions, goals, costs, characteristics of target client groups, eligibility criteria, numbers of clients served, and whether or not either income testing or a support services agreement was required;
- identify the range of types of services being provided through these accounts, and the estimated total annual contract cost and numbers served by each;
- analyze the allocation of resources by target group (children 0-6, children 7-12, youth, parents, families, communities) and by level of intervention (reactive, proactive for at-risk families, or proactive for all); and
- provide that information by region.

1.1 Overview

The ministry spent approximately $75 million in 2000/01 on the six accounts examined:

TOTAL 2000/01 SPENDING ON THE SIX ACCOUNTS			
Account	**Account Title**	**Ministry Spending 2000/01 $**	**% of Total Spending**
14301	Respite	6,059,326	8
14302	Homemaker / home support	5,950,925	8
14303	Direct financial support	252,852	0
14304	Protective family support	39,418,034	53
14305	Non-protective family support	22,748,720	30
14306	Community projects funding	544,674	1
		$ 74,974,531	**100 %**

That spending exceeded the budget of $69,803,665 by 7.4%.

Regional staff used approximately 90% of that spending for their protection (80%) and non-protection (10%) clients. The great majority was paid to contracted service providers. Less than 10% was paid to foster parents for short-term respite for parents with difficulties. A small amount was spent for other purchases for those clients, such as bus passes.

The remainder, approximately 10% of that spending, was paid to contracted agencies to provide more accessible services for children and families in their home communities.

1.2 Analysis by Account

The following information about each of the six accounts comes from the ministry's accounting records, and from interviews with 59 staff of all levels from regional and district offices in five regions.

Account 14301 - Respite

This account represents 8% of the total 2000/01 spending on the six accounts. Respite services can be accessed only through ministry social workers. Most of this spending is amounts paid to foster parents to provide short-term (2-3 days) care to children considered to be at risk of abuse or neglect in their homes, to give the parents respite. In most cases, the respite is provided as part of a risk reduction plan for the family, so that the children can remain safely in their homes.

Account 14302 - Homemakers/Home Support

This account represents 8% of the total 2000/01 spending on the six accounts. At least three-quarters of this spending was payments to contractors. Homemaker/home support services can be accessed only through ministry social workers. Most often, these services are provided to families with children considered to need protection to improve the family situation so that the children can either remain safely in the home or be returned safely to the home. We were told that there is a trend to contract much less for homemakers and more for home support workers. These are in-home support services, provided most frequently to teach parents basic homemaking skills, such as cleaning, cooking and budgeting, and much less often for such work as cleaning a home that is so unsanitary that it is not safe for the children. Home support workers have also been used extensively, in most regions, for supervised

visitation, though some regions have moved towards separate contracts specifically for supervised visitation.

Most of these contracts are paid by hourly rates, with annual maximum contract payments in their contracts. A few are paid fixed monthly amounts.

Some homemaker/home support contracts are charged to accounts other than 14302. Of the fourteen such contracts in our sample, two were charged to 14305 and one to 14304.

Account 14303 - Direct Financial Support to Families

This account represents one-third of 1% of the total 2000/01 spending on the six accounts. These are payments directly to families. They can be accessed only through regional social workers. Due to the relatively minor amount spent through this account, we limited our work on it. We enquired of several sources in the ministry, and found no one who was aware of an analysis of this account having been done in recent years.

One region, Central/Upper Island, spent a disproportionate 38% of this account's spending in 2000/01. That region spent over $55,000, of which over $21,000 went to bus fares. There may be an opportunity for that region to reduce costs by making volume purchase arrangements.

Accounts 14304 and 14305 - Protective and Non-Protective Family Support Programs

These two accounts together represent 83% of the total 2000/01 spending on the six accounts. Almost all of the spending was contract payments. Approximately 1,000 service contracts were charged to these accounts across the province.

The two accounts are considered together because the regions do not consistently allocate their contracts between these accounts. This is demonstrated by the fact that in one region spending on account 14304 was just 7% of total spending on the six accounts; in another region it was 78%. The account titles for these accounts do not represent well the account contents, for two reasons:

- many contracts provide services that are used for both protective and non-protective cases, and
- the contracted services in these accounts have not been organized into programs. Rather, each contract is relatively unique.

We asked the CSMs in the five regions we visited to estimate how much of each of a sample of 109 contracts from these two accounts were used for protective purposes. Some of the CSMs used the technical definition, by which only services provided to families whose children have been assessed as needing protection are included. Other CSMs may have used less technical definitions of their own understanding. The CSMs considered some contracts to have been used for both protective and non-protective purposes, and they specified proportions of each. The results of the CSMs' estimates indicated the following.

- 90% of the contracted services in account 14304, and 56% of the services in account 14305 were used for purposes of child protection. Overall, 81% of the total spending in the two accounts was considered protective.

- The general nature of the contracted services in the protective and non-protective accounts were very similar. In both cases, over one quarter of the spending went to each of:

  - counselling,

  - parent training, and

  - in-home support services provided by either family support workers or child/youth care workers.

- The more specific natures of the contracted services ranged widely. In almost all cases, contract wording of the specific contracted services was unique to each contract. Contracted deliverables in each of the general nature categories shown above included the following.

  - Counselling contracts included counselling services for members of First Nations, for youth, for unspecified clients, as outreach, and counselling as an unspecified proportion of services that also included crisis response and supervised visits.

  - Parent training contracts included intensive parenting programs, drop-in programs, self-help programs, and parent training combined with one of childcare, community support, counselling, counselling in life skills, or family support workers.

- In-home support services included services provided by both child/youth care workers and family support workers such as parent training, modelling better adult-child relations, working one-to-one with children, and reporting to social workers on family situations. They are also used for supervised visitations, in some regions.

Account 14306 - Community Projects Funding

This account represents three quarters of 1% of the total 2000/01 spending on the six accounts. Due to the relatively minor amount spent through this account, we limited our work on it. The ministry's chart of accounts defines this account as:

> "The ministry contracts with non-profit societies to assist them in providing non-statutory social services and self-help initiatives to serve children and families. Services for families, groups or individuals may include rehabilitation, social integration, referral, prevention or volunteer services."

The total spending in 2000/01, $545,000, was spent in reasonably equal proportions by each of the regions.

1.3 Other Analyses

The following analyses of the contract spending are based on a sample of 126 contracts from the five regions we visited. Those contracts represented one quarter of the $75 million spent in 2000/01 on the six accounts. We consider the sample to be a reasonable representation of all of the spending on these accounts, though the sample was not statistically representative because we selected primarily larger dollar-value contracts. Percentages that are specified here are percentages of the total dollar value of the sampled contracts.

By account, the sampled contracts were from:

Account	Account description	Number of contracts
14301	Respite	1
14302	Homemaker/home support	16
14304	Protective family support	68
14305	Non-protective family support	41
Total		**126**

Analysis by Age of Child

Some contracts specify the age ranges of children for whose families the contracted services are intended. Age ranges were not specified for 41% of the dollar value of sampled contracts. Based on only those contracts which specified age ranges we found the following breakdown:

Percentages by Targeted Age Ranges (by dollar value of contracts)

Age range intended	Total sample %	14301 %	14302 %	14304 %	14305 %
0 to 6	14		32	13	15
7 to 12	10	100		6	31
13 to 18	15			16	14
0 to 12	22		21	26	
0 to 18	39		47	39	40
	100%	100%	100%	100%	100%

Analysis on a Reactive / Proactive scale

We asked the regional CSMs to estimate how much of each of the sampled contracts' services were used for services considered to be each of:

- reactive to high risk and problem situations;
- proactive services provided in at-risk situations; and
- proactive services open to the community.

We found that there was little distinction between the proactive/reactive analysis and the following protective/non-protective analysis.

Analysis as Protective/Non-protective

We asked the regional CSMs to estimate how much of each of the sampled contracts' services were used for protective and non-protective cases. Of those contracts in our sample for which we were told specific percentages were used for protection or not, over 80% of the spending in all six accounts was used for protection.

Analysis by general nature of services

The major categories by general nature of the contracted services in the sampled contracts were:

General nature of services	Percentage of spending
Counselling	29
Parent training	21
Child/youth care workers	16
Family support workers	13
Homemakers	9
Total	88%

The remaining 12% of the spending went to contracts for a wide range of services, including such services as operation of alternative schools, youth services (including an outdoor wilderness program, independence training, and alcohol and drug outreach), respite, after-school programs, school-based support for teen parents, community support, day-care service, a residence for female youth, Latin community support, support for families with individuals with hearing impairments, and parent-teen mediation.

Analysis by contract payment methods

Nearly 80% of the sampled contracts paid a set monthly rate to the service providers. The remaining 28 of the 126 sampled contracts paid by hourly rates. For those 28 contracts, the nature of the services and the hourly rates are presented in this table:

General nature of services	Number of contracts	Range of hourly rates
Homemaker/home support	9	$18.95 to $31.99
Homemaker/home support/supervised visits	5	$20.91 to $39.50 (the top rates were for nursing services)
Child/youth care workers	5	$14.25 to $28.51
Family support workers	5	$14.25 to $32.41
Various other services	4	$14.25 to $70

Analysis by gatekeeper

Most of the services provided through these six accounts can be accessed only through regional social workers. The others are accessed through contracted agencies. These others are more openly accessible to family members, who may self-refer or be referred by school staff, medical service providers, and others. 16% of the sampled contracts did not specify a gatekeeper. Of those that did, regional social workers were specified as gatekeeper for 86% and contracted agencies for the remaining 14%. The nature of the services for which agencies acted as gatekeeper covered a wide range, including:

- parent training with day-care provided;
- homemakers for training in home skills;
- support for First Nations families;
- 'Parents Together' program for parent-teen difficulties; and
- neighborhood houses.

Analysis of numbers of clients served

Information about the number of clients served by contracted service providers was not available from regional files for most of the sampled contracts.

Further analyses

The data collected on the sampled contracts can be further analyzed in many other combinations. An example would be analysis by age range of the contracts used for protective purposes. The data can also be analyzed by region for each of the five regions visited. Our data is available to the ministry.

2.0 Audit Objective 2 - Assess the Delivery and Co-ordination of the Major Family Support Services

The second audit objective was to assess the delivery and co-ordination of the major family support services. In consultation with a committee of ministry management, we focused on a number of the most significant clusters of services identified through objective 1.

As noted in section 1.0 above, the most significant clusters of family support services provided through accounts 14301 to 14306 were:

- counselling;
- child and youth care workers, and family support workers;
- parent training;
- homemakers and home support workers; and
- respite for parents.

Our audit work on this second objective focused primarily on those services. Access to all of those major services is most often controlled by regional social workers.

2.1 Ministry Framework for Family Support Services

The audit objective for this section was to assess whether:

- the selected clusters of family support services are supported by legislation, policy, and defined objectives, outcomes and measurable performance indicators; and
- those services' objectives are consistent with the ministry's overall priorities, objectives and strategies.

2.1.1 Consistency with Legislation, Policy and Ministry Priorities, Values, Objectives and Goals

In summary, we concluded that:

- the major family support services provided by the regions are supported by, and consistent with, legislation, policy and the ministry's overall priorities, objectives and strategies; and
- there is not a structured process used to ensure that support and consistency.

Neither headquarters nor the regions review the contracts to ensure that they are consistent with legislation, policy and the ministry's overall priorities, objectives and strategies. Notwithstanding the absence of such a process, almost all of the 126 contracts we studied fit within the bounds of:

- legislation, being the 1994 *Child, Family and Community Service Act (CF&CS Act* or the Act*)*;
- policy, being the Child, Family and Community Service policy manual, volumes 2 and 2A; and
- the ministry's stated priorities, values, objectives and goals.

There were a few apparent exceptions to our general finding of consistency with legislation, policy, goals and priorities, including the following.

- Three contracts of which the purposes may be inconsistent with the legislation and policy. One provided services only to parents and/or children who were hard of hearing, one provided administrative services for a committee, and another was for teleconferencing and on-site interpreters.
- The latter two of those three contracts also may not support the ministry's stated objectives, goals and values.

It should be noted that the legislation, policy and ministry objectives are quite broadly defined, so that a very broad range of services and operations would fit within their bounds. The Act is written to enable the ministry to provide supportive, preventive and protective services for children and families. It provides a short list of the categories of support services the ministry may provide, and states that the services are not limited to that list. The policy for support services closely follows the Act. The ministry's objectives, priorities, values and goals are stated in public documents. Those are broadly written, as guides to all ministry operations. The high level of the goals, for example, is apparent in the following two of the ministry's four goals as defined in the 1999-2001 business plan:

- "to promote the healthy development and functioning of children, youth, adults and families", and
- "to protect children and youth from abuse, neglect and harm".

In 2001, the ministry stated its vision, priorities, goals and objectives in its Performance Plan 2001/02 to 2003/04. Of those, the following clearly apply to family support services:

- the ministry's vision is: "A British Columbia made up of healthy inclusive communities supporting families to raise healthy children";
- two of the ministry's four priorities are "to enhance early support services" and to "promote healthy behaviours by youth"; and
- within the ministry's first goal of "children, youth and adults living and supported in healthy families and communities" are two objectives: "improve the healthy development of vulnerable children, youth and their families" and "improve supports for healthy children and family functioning".

Those priorities and objectives put a broad frame on the ministry's mandate for family support services. Specific goals or objectives for family support services have not been defined further. Given that available resources are always limited, and the opportunities to assist families are virtually unlimited, the ministry needs to be selective in its choice of approaches to achieve those priorities and objectives.

Our assessment of ministry policy for family support services is discussed at 2.3.2 below.

Recommendation

(1) **The ministry should develop and implement a process of periodic review of all family support contracts to ensure their purposes continue to be consistent with ministry objectives, legislation and policy.**

Ministry Response:

The Policy Unit will inventory and review Family Development programs for the Accountability Framework. Given the move to Community Governance, any specific actions will be subject to the contracting policy and practices of the Regional Authorities within the Accountability Framework.

2.1.2 Organizational Objectives, Plans, and Measurable Performance Indicators

We found that the ministry's systems for delivery of family support services are not supported by a framework that guides the efforts of ministry staff towards fulfilment of the objectives of family support services. Neither headquarters nor the regions have made clear their goals, desired outcomes, plans, measurable performance indicators and accountability for family support services.

The elements that are fundamental to the achievement of an organization's objectives are outlined in 'Criteria of Control' by the Canadian Institute of Chartered Accountants. The primary elements concern clarity of the organization's purposes, including:

- establishing and communicating objectives and plans for achievement of those objectives,
- implementing policies and standards as guides toward the objectives, and
- measuring progress.

Of the five regions we visited, none was operating according to written regional strategic and/or operating plans which contained those elements. One region was working on a draft strategic plan. The regions had not established and communicated objectives or plans for family support services, and so they had no basis against which to monitor their progress. Headquarters had not directed the regions to do such planning, and had not provided the regions with an overall strategic plan for these services. Establishing commonly accepted objectives for family support services would guide the regions to focus their efforts and assess their progress.

Headquarters

Since the ministry was created in 1996, responsibility to identify and meet the family support service needs in communities has been delegated to the regions, and they have been relied upon fully to plan, organize, deliver and monitor those services. Headquarters has provided limited direction or support for family support services. Further headquarters direction would be beneficial in the following areas.

- Strategic planning for family support services, including defining and communicating directions, objectives, desired outcomes, or programs.

- Defining the boundaries of family support services.

- Assigning headquarters staff to direct or co-ordinate family support services. Only a small part of one employee's time was assigned to family support services, to work on policy and research.

- Developing standards or best practices for family support services.

- Updating policy. Family support policy has not been updated since 1996, and is considered by most regional staff not to be relevant or useful.

The Child Protection Division has developed standards, best practices and quality assurance in support of the regions' child protection activities; however, little was done in those areas for other family support services.

As noted earlier, the proportion of contracted family support services used for child protection cases has increased continually in recent years, and the services available for non-protection cases diminished accordingly. We found no evidence that the ministry planned for this change. One factor that may have contributed to this change was the fact that at headquarters no one represented the need for services other than child protection, and there was a strong and active Child Protection Division. In response to the increasing service demands of child protection cases, headquarters has directed the regions to reduce services for non-protection cases. This response may be inconsistent with the ministry's stated priorities. In an October 1999 update on the ministry's website, the third priority of the ministry's first objective was promotion, prevention and early support. More recently, in the ministry's performance plan for 2001/02 to 2003/04, the priority listed first is early support services for prevention.

Recommendations

Ministry headquarters should:

(2) **Assign responsibility for corporate management of family support services such that the management of child protection and family support services are linked.**

(3) **Clarify the ministry's objectives, goals, programs for target populations, desired outcomes, deliverables and performance criteria for family support services.**

(4) **Develop policy, standards and best practices for those programs and services.**

(5) **Develop approved options for contract wording regarding deliverables and performance criteria for each program, initially for use by the regions and subsequently as a basis for the regional authorities.**

(6) **Communicate the results widely.**

* * *

As the ministry moves to the regional authorities governance model, the ministry should prepare to ensure that its service agreements with the regional authorities specify:

(7) **the ministry's expectations for family support services including the initial performance measures to be used, performance targets, and the specific reporting requirements regarding those performance measures;**

(8) **a requirement that the regional authorities account for and report family support service expenditures in a consistent format; and**

(9) **the ministry's minimum requirements of the regional authorities to demonstrate that they use appropriate processes for planning and monitoring family support services.**

Ministry Response:

Subsequent to the audit fieldwork, the ministry has decided to assign responsibility for both child protection and family support services to a new division, the Child and Family Development Division. A draft Accountability Framework has been developed by this new division that addresses many of the recommendations noted above.

Preliminary work related to defining ministry program objectives, goals, programs, desired outcomes, etc. have been completed in the System of Care document, the Companion Document, and the Family Development Framework. Additional enhancements are planned for the Family Development program sections of the Companion Document.

MCFD is currently reviewing its policy documents, guidelines, and similar documents addressing aboriginal family development practice, and family development assessments. Regional Operations will co-ordinate the communication to all staff, as appropriate, upon completion of the policy and guideline review. Support Service Agreements will be developed as decisions are made regarding the structure, format, and scope of these documents.

An accountability framework will be completed and used to negotiate service agreements with the regional authorities before they become operational. In addition, the Child and Family Development Unit will develop consistent family development program descriptions for expenditures.

The regions

The general nature of most family support services contracted by the regions was quite consistent amongst the regions we visited. In most communities, a standard set of services were available through contracted parent trainers, counsellors, and in-home support workers including child/youth care workers, family support workers, homemakers and home support workers. In addition to those standard services, each region provided a variety of other services, ranging widely from provision of alternative schools for youth, to postpartum support for new parents, to wilderness programs for youth.

As noted, the regions we visited had not produced strategic plans or annual operating plans, either in general or specific to family support services. They had not documented what they were trying to accomplish in delivering family support services, or how they would assess their performance. Without defined objectives, headquarters and the regions cannot demonstrate that family support activities are achieving their intended purposes.

Some regional staff, particularly members of family service teams, spoke of their desire for clarification of the family support services mandate. They said that the demand for such services far outstrips their capacity, and they feel they are expected to be all things to all people. There's no document that communicates to regional staff and other stakeholders the ministry's objectives for family support services, plans for how to achieve those objectives, and a methodology to monitor progress. Policy does not clarify the mandate or restrict the range of services. It lists a number of broad cate- 'es of family support services that may be provided, but it also ..tes that the services to be provided are not limited to those listed there. The spectrum of objectives that regions are expected by various stakeholders to serve is very broad, ranging from promotion of family and community wellness, through preventive services, to assisting distressed families and providing child protection. Clearer direction would focus the ministry's limited family support service resources on selected services based on provincial priorities.

There is little co-ordination amongst the regions as to the family support services they provide. Each region has developed a network of contractors who provide a range of services independently of the other regions. The ministry has not organized those services within provincial programs. Regional staff said that in past years, some provincial programs were developed for specific purposes, but over time the consistency of those services amongst regions has diminished. Developing a structured set of programs to define how the standard services were to be used, for what purposes and in what family circumstances, would support:

- the regions in focusing their services in the areas of greatest priority;
- greater consistency and equity of service availability across the province, and
- development of policy, standards, best practices, and research for the basic set of standard services.

In our view, the priorization of services and development of programs should be co-ordinated by headquarters with input from the regions. Each region might also provide other services, beyond the standard programs, if resources permitted, to meet the particular needs of communities.

In view of the ministry's announced intention to move to a regional authorities governance model by 2003/04, we would not expect the regions to implement major changes to the ways they provide family support services in the interim. However, we would expect that existing service providers will continue to play a significant role under the new model, so it may be appropriate for the regions to encourage and assist relevant contractors to modify their services to better fit the ministry's new directions, once those directions are communicated.

Recommendation

(10) **After the ministry has communicated to the regions the programs that are to be provided and the performance criteria for those programs, the regions should work with the relevant contractors to modify their services, where appropriate, to support the ministry's programs and re-defined objectives.**

Ministry Response:

This is a good recommendation; however, it will be up to the Regional Authorities, being autonomous, to determine if this recommendation is necessary and appropriate within their policy and practices.

Prior to the transfer of services to regional authorities, the Contract Accountability Framework Committee will provide assistance with performance criteria.

2.2 The Regions' Service Approaches and Delivery

The objective of this section was to assess the ministry's service delivery systems for the selected clusters of services to determine:

- how the regions manage and deliver those services;
- how the regions identify and respond to changing and emerging needs in the communities;
- how relevant ministry staff assess the ministry's delivery systems for those services;
- whether the services are aligned to minimize gaps and overlaps;

- whether language used in the contracts supports attainment of the goals of the services; and

- what is being done to evaluate current research and ensure effectiveness through the use of best practices, and how the ministry could improve in that area.

2.2.1 Managing and Delivering the Major Services, and Identifying and Responding to Emerging and Changing Needs

In this regard, we concluded the following.

- The regions generally do not use structured processes to determine whether existing services meet client needs or to assess client satisfaction with the services provided. Some informal methods are used for those purposes.

- Services for child protection cases receive priority. Most regional staff consider the services available for other purposes inadequate.

Assessing whether services meet the needs

Regional management reported that generally there are not formal defined processes to assess whether existing services meet the needs of communities and clients. The regions rely primarily on their CSMs to make this assessment in their territories. The CSMs said they use informal processes to do some assessment on an ongoing basis, including the following.

- They receive comments from their front-line staff, from the contracted agencies that provide the family support services, from client families, and from others in the communities they serve.

- Regional staff of various levels relay information from community organizations of stakeholders' and/or service providers' representatives with whom they are connected.

- They monitor waitlists for services. In some regions there are long waitlists for certain services. Others report that they seldom have waitlists. The regions put their clients on the waitlist, and when deemed appropriate, they get them involved in alternative treatments until the service becomes available.

- Their knowledge of client complaints serves as an indicator of how well needs are met.

With a few notable exceptions, the regions reported that they do not use deliberate processes (such as client questionnaires, surveys, community consultation groups, or trends in numbers of clients served by funded community service agencies) to assess client satisfaction with services provided. Regional staff mentioned that some contracted agencies gather client feedback using some such tools, but the agencies are not required to do so, and their contracts do not require them to share the results with the regions.

In a few cases, CSMs have used formal methods to assess the adequacy of services in their territories. For example, during our visit a CSM was conducting a survey of regional and agency staff that covered adequacy of existing services. Two other CSMs said they monitored adequacy of services by sponsoring meetings of community advisory committees with representatives from schools, mental health services, the legal system, contracted service providers and other stakeholders. In another region, the CSMs monitor service needs and relay them to a special CSM who is responsible for implementing new initiatives in the region.

We asked regional staff for their assessments of whether the services available through their offices meet the clients' needs. Most said that clients who receive services generally are well served by the contracted service providers. The services available for child protection cases were considered sufficient by most, and services available for non-protection cases were said to be falling further and further short of the need in the past two years. Regional staff have found it necessary to serve only the most urgent non-protection cases. They said that those are often cases where the criteria for the children needing protection are not quite met, and the social workers consider the family situation at high risk of deteriorating. Services are generally not available for families requesting services or referred by other community agencies for services. Requests for services are referred to community agencies for such services as are available there. It was said commonly that the reason that requests to the ministry for family support services from the public decreased by 50% in the past four years is that the public has learned it is fruitless to make such requests.

Regional staff considered some services to be excellent. On the other hand, some of the factors regional staff noted as contributing to inadequacy of other services were as follows.

- By direction from headquarters, services for non-protective cases have been reduced, and access restricted to only the most urgent needs.

- The services considered most effective are highly in demand, so they are often waitlisted. The waitlists are often managed by urgency of need, so clients with less urgency can wait a long time for service. Waitlisted clients may be provided alternative services that are expected to be less effective.

- Smaller communities may have a limited range of services available locally. Clients may be resistant to travelling to obtain services.

- Services available locally may not be accessible readily to clients who do not have transportation.

- Clients may be resistant to receiving services. This is said to be particularly true of adults and youth with alcohol and drug addiction issues.

- Lack of culturally appropriate service providers who can communicate well with clients of other cultures.

- Lapses in quality of service providers' services.

- Classroom-style group services do not work well for clients who have difficulty organizing themselves to attend or who are averse to a school-like atmosphere.

- Excessive caseloads of social workers can result in delays in organizing services for clients.

Some staff noted that lack of needed services occasionally resulted in children being taken into care when provision of services may have been successful.

Subsequent to the audit fieldwork, the ministry announced it intends to modify its service array to prioritize service needs and deliver targeted services.

Planning Services and Service Delivery Approaches, and Responding to Emerging and Changing Needs

The regions' CSMs maintain their existing family support services and service delivery approaches, and seek to modify those when pressures for change arise.

When the regions find that a contractor's services are not meeting their clients' needs, they try to work with their contractors to arrange modification of their services to respond to the needs. The negotiations for such changes are time-consuming, taking as long as two years, but it is done successfully at times. Other times, the regions learn to live with the situation. Regional management consider it difficult to change their existing contracted services because:

- annual budgets for family support services are largely committed to existing contracts before each year begins;
- due to lack of regional resources to renegotiate contracts, existing contracts are regularly renewed without modification of the contracted services;
- they find it difficult to influence contractors to modify their existing services in the ways regional staff would prefer, as explained in the following paragraph; and
- in recent years, there has been little new funding available to generate new services.

Regional staff expressed the following frustrations with inflexibility of some contractors.

- Too often clients must be fit into the services the contractors provide, rather than the services being shaped to fit clients' needs.
- Some contractors have been reluctant to modify their services for various reasons.

- Even when contractors are willing to comply with requests for service modification, the contractors often find it difficult due to collective agreements, the Munroe Agreement and the related accords. Similarly, terminating contracts for services that have become relatively ineffective is also difficult. It has also become very expensive for a contractor to lay off staff whose skills are redundant, and retraining such people can be impractical and challenging. As a result, the regions' effectiveness is compromised to the extent that they are living with contracts with which they are not satisfied.

There have been some significant changes in service needs in recent years. Most regions reported that in the past five years there has been tremendous increase in the demand for supervised family visits and parental capacity assessments. In both cases, much of the increased demand was attributed to an increasing tendency of judges to order or request such services for families from which children have been removed by the ministry. Sometimes, social workers request parental capacity assessments in anticipation of such requests from the courts.

Regarding supervised visits, the regions have been responding progressively as demand increased. Generally, at first, homemakers or home support workers were used. Subsequently, child/youth care workers and/or family support workers were used because they generally have more relevant training. Some regions have moved one step further, and sought a contractor to provide staff qualified specifically as family visitation supervisors. The regions are at varying stages of this progression.

Regarding parental capacity assessment, the regions contract separately for each assessment. Some district offices noted that this service was not available locally and they referred families to a service in Burnaby. The increase in demand for this service has put additional strain on their budgets, because the assessments cost from $1,500 to $5,600 each.

The regions' processes to monitor and evaluate delivery of services are discussed at 2.4 below.

Processes to Communicate Availability of Services

The regions' processes for communicating availability of family support services to potential clients varies, as follows.

- Regarding the services for which contracted community agencies are the gatekeeper, the regions rely on those agencies to communicate availability of their services to potential users. The agencies market their services in a variety of ways, including displaying pamphlets in public places such as lobbies of other community agencies and ministry offices. Regional ministry staff receiving service requests will often re-direct requestors to contracted agencies in the community. New regional ministry positions called integrated service co-ordinator, recently filled in some regions, are intended to match non-protection case families with services available in the community.

- The regions do not promote the services for non-protection cases for which their staff act as gatekeeper because the demand much exceeds the limited supply.

- Communication of availability is not applicable to services for child protection.

Neither regional management nor field staff interviewed saw communication of services as a problem.

In 2.1.2 we have recommended steps for the ministry and regional authorities to take to improve the delivery of family support services. In addition we suggest that the ministry consider the use of measures of client satisfaction as one criterion for assessing regional authorities' performance.

2.2.2 Whether the Services are Aligned to Minimize Service Gaps and Overlaps

In brief, we concluded that:

- almost all regions have significant service gaps;

- most regional staff consider funding of family support services inadequate; and

- regional staff doubt that there are inefficiencies due to the possibilities that the mandates of two or more services might overlap unnecessarily or that clients could receive unnecessarily duplicated services.

Service Gaps

Almost all regional staff said there were service gaps in their districts. Some of the reported service gaps were common to many districts. The most commonly reported service gaps were as follows.

- Mental health services for families with members with mental health issues, and for families with children with behavioral issues related to such problems as fetal alcohol syndrome and attention deficit hyperactivity disorder.

- Services for youth, particularly older youth aged 15 to 18, and youth whose behaviors put themselves and others at risk. Staff also mentioned that the ministry's standard risk assessment tool does not fit well for that age group.

- Intensive parent training services.

- Preventive services, and services promoting the well being of family members. Some staff expressed strong feelings that promotion, prevention and early intervention services are most important to the achievement of the ministry's vision of healthy inclusive communities supporting families to raise healthy children.

- Services for aboriginal families including cultural training for children, preferably provided by people of aboriginal descent.

Regional staff also reported that most communities have other service gaps, as well. Some communities were said to have a relatively complete range of services available, while others were said to have fewer services. In most cases, the service gaps were attributed to ministry budget funding limitations or inequities, not to lack of potential service providers in the communities. Some districts' staff noted that perceived inequities of services within regions due to uneven allocation of budget funding tend to persist because the regions allocate budget for services amongst communities based on historical allocations. However, some regional managers spoke of some movement towards allocations based on a socio-economic model that has recently been introduced as a factor in budget allocations amongst the regions, which they feel would help resolve the inequities.

Some regional staff also noted that their districts effectively have other service gaps when urgently needed services are consistently waitlisted. The most frequently mentioned of these were supervised visitation and the services of child/youth care workers. In such cases social workers often provide an alternative service even though they expect it is likely to be less effective.

We asked regional staff whether they considered the funding of family support services adequate. Most said that funding was inadequate, and they provided the following theoretical explanations.

- The breadth of mandate from promotion of community wellness through to child protection is so broad, and the public's expectations of the ministry are so high, there could never be sufficient funding.

- The contractors have become too powerful and inflexible. The regions dare not reduce or force changes to existing contracts, so service gaps can be addressed only by additional spending.

- Due to the ministry's limited capacity to assess the relative effectiveness of spending on family support services, when service gaps are identified they are addressed by increasing spending rather than improving efficiency.

The opinion of a few was that current funding probably would be adequate if contractors as a whole were more flexible about modifying their services to better meet the needs.

Service Overlaps

The ministry avoids unnecessary service duplication primarily in two ways:

- use of one common computerized client information system with up-to-date notes recorded by all ministry staff providing service to a family or an individual, and

- organization of multiple ministry services for each community under one Community Services Manager, including family supports, protective family services, youth justice, and child and youth mental health.

Regional staff expressed doubt that mandates of two or more services might overlap unnecessarily, or that clients may be able to obtain unnecessarily duplicated services. They considered these possibilities quite unlikely. None of them could provide examples of either of those possibilities having occurred.

They noted that there is significant overlap of mandates, and the overlap is almost always necessary. For example, in a situation where a family member has behavioral and addiction issues, the mandates of child protection, drug and alcohol, and mental health services may apply, and their purposes may well overlap to some extent.

Regional staff said that individual families with multiple needs can receive several ministry services simultaneously, such as protective family services, youth justice, child and youth mental health, and community living services. Staff indicated that in such cases, several ministry staff can be involved with a family, and much collaboration may be required. The same families may also receive services from other ministries at the same time, such as alcohol and drug addictions services, subsidized day-care and income assistance. Staff said that inter-ministry collaboration and communication is less reliable than intra-ministry collaboration, and that duplication of services would occur only when two ministries are both working with a family. For example, a family might receive respite services simultaneously from both this ministry and the Ministry of Health Services. They said that in such cases, most often ministry staff would be aware of the duplication and the services would be co-ordinated.

2.2.3 Research and Best Practices

Our conclusions in this section are that the ministry does not have defined processes for:

- review of current research and other jurisdictions' practices,
- identification and implementation of best practices, or
- communication of recommended approaches and best practices to all regions.

Research Practices

The ministry has not developed capabilities for periodic review of current research, assessment of other jurisdictions' practices, and identification of best practices for family support services other than child protection.

Opinions varied widely about whether a more formal process would be helpful and if so, whether it should be a regional or headquarters responsibility. Many felt that headquarters should be responsible for developing those capabilities. Others felt strongly that the regions should do it, and noted that new regional positions of research analyst and professional services / quality assurance manager are charged with researching, and defining and implementing best practices, respectively.

We have made a recommendation related to this issue at section 2.4.2 below.

Communication of Results

The ministry does not have a consistent communication process through which results of research and ministry decisions on best practices would be communicated to all interested staff. Some regional staff of all levels and some headquarters staff were credited with occasionally finding relevant articles of interest and sharing them with some others, but there is no assurance that those articles reached all staff who would be interested. Many new initiatives and innovative approaches are undertaken successfully by individual regions and district offices, in such areas as organizational structure, community relations, contract language, and treatment methodology for troubled families. Such successes are shared informally within and among regions, but there is no formal process that ensures that successful regional practices and initiatives are communicated to all regional staff who would be interested. Some staff suggested that the ministry Intranet could serve well for this purpose. It was suggested, for example, that headquarters could review various research results, and post approved results to a website. Regional staff could be invited to submit research articles for consideration.

Subsequent to the audit fieldwork, the ministry commenced a web-based newsletter, MCFD Connections, which contains ministry news, information and success stories.

2.3 Regional Case Management

The audit objective for this section was to assess whether the regions' practices, and the practices required of contractors, for intake, assessment and case planning for the selected clusters of services are consistent with:

- legislation - sections 2, 3 and 4 of the *CF&CS Act*,
- generally accepted policy,
- the ministry's values, including cultural responsiveness, and
- other regions' practices.

2.3.1 Consistency of Processes with Ministry Principles and Values

We concluded that the regions' intake, assessment and case planning processes for the major family support services were consistent with the guiding principles and service delivery principles of the *CF&CS Act* and the ministry's values, and were consistent within and between regions. Sections 2 to 4 of the Act make explicit the principles that are to guide the ministry's provision of family support services. The fundamental principle is that the safety, well being and best interests of children are paramount. The ministry's values were set out in the ministry's business plan for 1999-2001, and were updated in March 2001 in the performance plan for 2001/02 to 2003/04.

Contractors

Contractors are rarely required to use the ministry's intake, assessment and case planning processes. Those processes are applicable primarily to the services for which regional staff act as gatekeeper. Services that are accessible to the public directly through contractors, by their nature, rarely require assessment and case planning.

Cultural Responsiveness

One of the ministry's values is that service provision is to be culturally responsive. Senior management of all but one of the five regions visited mentioned initiatives taken to train and hire staff to meet the culturally diverse needs in their community. They spoke of various ways in which their regions ensure that the services they provide are culturally responsive, including:

- ensuring regional staff are aware of the standards and policies that have been developed by headquarters;
- communications about the importance of cultural appropriateness;
- training staff;
- making services and information about services available to the public in languages other than English;
- maintaining good relationships and working regularly with multicultural agencies and native bands;
- including representatives of aboriginal contractors in meetings with groups of service providers;
- encouraging contractors to hire, train and work with cultural appropriateness;
- recruiting for cultural diversity of foster parents;
- social workers building culturally appropriate services into risk reduction plans and comprehensive plans of care;
- group meetings with agencies, including native agencies; and
- developing a tool with which to measure cultural competency of contracted agencies, as one region had done.

2.3.2 Policy

In brief, our conclusions are that:

- of the listed policy areas, ministry policy exists only for client intake criteria and process, including eligibility and income testing;
- most regional staff do not consider that policy relevant or helpful, with the exception of policy regarding intake criteria and eligibility;
- policy requiring use of support services agreements is considered to be outdated;
- that policy does not apply to contractors; and
- income testing is rarely done because at least one of the conditions permitting waiver usually applies.

Existing family support services policy explains the purposes, eligibility and desired outcomes for each of the six categories of support services listed in the *CF&CS Act*, as well as for other services that are not listed in the Act which range from school-based support services to family mediation to community development. Most regional staff said this policy is no longer relevant or helpful to them. Staff in the ministry's child protection policy branch said they no longer consider that policy applicable, and their intent is that new policy be developed to replace it.

The ministry does not have policy for waitlist management, guidelines for expenditures (except homemaker/home support services), quantity of service delivered per client (except respite), or records maintenance and reporting. Nor is there policy for services for which community agencies are the gatekeeper.

Contracts with service providers rarely require that the contractors' procedures be consistent with the ministry's policy regarding client intake and process, including eligibility and income testing.

The policy that deals with client intake criteria broadly defines the purpose, intended outcome and eligibility for each of the general categories of family support services such as counselling and in-home support services. Regional procedures are consistent with that aspect of the policy, generally.

The policy also specifies when support services agreements with client families are to be used. Most regional staff we interviewed indicated that following this policy was not a high priority. Most front-line staff reported that they rarely use support service agreements, if at all. The general view is that this policy is outdated and that support services agreements are no longer required for child protection cases. For those cases, they said, the use of risk reduction plans, which are to be signed off by parents, eliminates the need for support service agreements. In 1996, when the existing policy was last revised, the ministry was not yet using risk reduction plans.

Ministry policy for the family support services also specifies that income testing should be done for specified categories of services, namely homemakers, home support workers, respite and direct support to families. In all regions we visited, social workers and their team leaders indicated that income testing is rarely done. They say that the great majority of their clients qualify for a waiver of income testing for one or another of the reasons that are allowed under policy. Those reasons include income limitations, and if requirement of an income test would be a barrier to reaching an agreement with the parents. A small number of staff said they income test in cases of voluntary care agreements or when they felt a parent was not taking on their family responsibility.

Recommendation

(11) **The ministry should address the need for new and revised policy in the following areas, to meet the needs of the periods before and after transition to the regional authorities governance model.**

Policy is needed:

- **for management of waitlists for family support services, stating:**
  - **how families get onto, and move up waitlists;**
  - **by what means fairness and equity of treatment is ensured for those on waitlists;**
  - **the right of individuals to be informed of where they are on a waitlist; and**
  - **how waitlisting will be managed for families who move between regions (and, in the future, between regional authorities).**
- **to guide the use of supervised visitations; and**
- **to control the frequency and costs per case of parental capacity assessments, in order to control the ministry's costs.**

Policy revision is needed regarding support service agreements, to take into account the use of risk reduction plans for many cases.

Reconsideration of policy is needed regarding income testing, to explore:

- **whether a simpler income test, such as eligibility for MSP or child benefits, would be beneficial; and**
- **alternatives to income testing, such as deductibles or fees for service.**

Ministry Response:

As part of the Accountability Framework and Service Agreements, Regional Authorities may decide on how they want to manage the whole issue around waitlists for specific programs within their regions.

A memorandum regarding access arrangements was completed and sent out in June 2002, and some steps have been taken by Legal Services to reduce the court ordered Section 59 parental capacity assessments.

The ministry plans to complete a review of Support Service Agreements and related policy by March 2003.

The Client Cost Sharing Working Group is currently reviewing Income testing policy, and revisions may result.

2.3.3 Service Requests Which Are Not Met

In brief, we found that:

- service requests which the regions cannot meet are referred to other community services, when appropriate, and
- the regions do not record service requests except those for which intakes are completed.

Individuals contact the ministry's district offices requesting support services. The office staff maintain records of requests for which they complete intakes. Those are categorized under the headings of family support, child protection, youth services and special needs. Records are not kept of calls for which intakes are not completed. When appropriate, those requestors are referred elsewhere for services, either to contracted service providers or to other community service agencies. In the past year, headquarters has provided some regions with a new position called 'integrated service co-ordinator'. One of the co-ordinator's responsibilities is to connect such requestors to appropriate service providers.

2.3.4 Client Complaints

In brief, we found that the regions use a consistent process to deal with client complaints. We did not audit contractors to determine whether they did so.

In 1997, ministry headquarters developed a structured process for handling clients' complaints, and communicated it to the regions. We found that regional staff are aware of, and using the process by:

- first, using an informal process, front line staff try to resolve the client's concerns;
- failing that, the client can seek resolution with a supervisor;
- if not resolved at that level, the client can discuss the complaint with a community services manager;
- and, if still not resolved, they may refer the issue to the regional quality assurance officer; and
- ultimately, the client can carry their complaint to either the Children's Commission or the Office of the Ombudsman.

According to regional staff, most complaints are a result of either disagreement with a staff decision, or communication problems, such as when clients feel they are not being heard, understood or respected.

Most contracts require that contractors use the ministry's complaints process to deal with complaints from their clients. We did not audit contractors to determine whether they complied.

2.3.5 Waitlists

Our conclusions were that:

- waitlists are maintained when required,
- regional staff consider waitlist management procedures satisfactory, and
- waitlist management procedures are not documented.

When the demand for a service exceeds the supply, waitlists are generally used to keep track of those waiting for service. In most district offices, some services consistently needed to be waitlisted and some only occasionally. Only in one district did staff say that waitlists were seldom needed.

Waitlists are managed by either regional staff or contractors, depending upon which is considered more appropriate by regional management. When regional staff manage waitlists, access to services is usually based on relative urgency of clients' needs. As a result, clients with less urgent needs can remain on a waitlist for months, if alternative services are not available. In such situations, the services can be effectively unavailable for non-protection cases. Social workers explained that when this occurs, the situations of troubled families can deteriorate over time, and their cases can move from non-protection to protection status. They also explained that, when children have been removed, those children sometimes remain in care longer than would be necessary if services were available more readily.

The regions' waitlist records are not integrated with other information systems.

The regions do not document waitlist management procedures. However, regional staff of all levels said they were generally satisfied with the waitlist management procedures used. Recommendation 2.3.2 addresses the need for policy regarding management of waitlists.

Recommendation

(12) **The ministry should seek ways to integrate the maintenance of waitlists for family support services that the ministry maintains into existing or developing management information systems.**

Ministry Response:

The ministry agrees with this recommendation, however, the ministry is not in a position to enhance existing systems or acquire new ones at this time. Regional Authorities may want to consider integrating their maintenance of waitlists in the future.

2.4 The Ministry's Monitoring of its Family Support Services

The objective of this section was to determine:

- what information headquarters and the regions require to manage delivery of the selected clusters of services effectively;
- whether they receive that information, and, if not, whether and how it could be provided to them; and
- what information is used for decision making.

2.4.1 Management Information

In brief, we concluded that there is a partial set of processes to identify and deliver required management information, and there is not a consistent process to identify and resolve information gaps.

Information is a tool that is key to the effectiveness of most employees. It is therefore incumbent upon senior management to ensure that the information employees need is available to them. For each position in an organization, there is a basic set of information that is vital to decision making.

In headquarters and the regions, some of this basic information is provided regularly. Other important management information is incomplete or lacking. Examples of information gaps include:

- information about which service approaches are most likely to be effective in a given type of family situation;
- reports of the cumulative cost of services provided to each family;
- reports of how much service each contractor provided, and how effective those services were; and

- reports on the nature of services received in relation to the expenditures recorded in the accounts.

Ministry staff needs such information to decide what services to provide, to assess costs and relative effectiveness per client, to decide what to pay contractors for their services, and to evaluate contractors.

The ministry does not have a systematic process that is used periodically to identify information gaps and resolve them. The key existing information sources that management mentioned were the Monthly Tracking Reports and the MARS Data Mart information system. The Data Mart system has been available for only a few months. Managers and staff are beginning to learn how to use it to access the data they need. Those using it gave positive reviews, saying it is much more timely and it resolves some information gaps. A few questioned the accuracy of the Data Mart's information base.

Regional staff mentioned the following two information gaps.

- The computer program the ministry uses for case management does not notify front-line workers when a time-limited order for respite service is about to expire, as it does for court orders. This gap is of concern because staff are more likely to lose track of when respite services should be reviewed or ceased, so respite may continue to be provided when it should not be, at the ministry's expense.

- The MARS Data Mart system's reporting of expenditures does not report contractual commitments for future spending.

Recommendation

(13) **The ministry should identify and address its family support information needs to ensure that staff of all levels have the information they need to make informed decisions.**

Ministry Response:

The Data Services Section continues to work with Program Policy and Regions to determine management information needs that may be provided using the Data Mart system.

2.4.2 Availability and Use of Information

We concluded as follows.

- Some important management information is not available, as discussed in 2.4.1 above.
- Management and staff receive some important information that they use in budgeting and delivering family support services. However, information provided to management would be more useful if it were better targeted to the needs of each type of manager, and if results were presented in comparison to a benchmark or target.
- The ministry does not have processes to evaluate the relative effectiveness of:
  - alternative service approaches;
  - each contractor;
  - district offices; or
  - regions.
- The regions gather information from client intake, assessment and case planning for each case, but they do not accumulate that information for purposes of analysis, other than counts of intakes.

Front-line staff indicated that their information needs are adequately served. Team leaders said the same, except those who have been given responsibility for managing the costs of family support services in their districts have had some difficulty obtaining timely information about current expenditures. Those difficulties should be resolved when the team leaders learn to use the Data Mart system.

The managers we interviewed expressed general satisfaction with the information available to them. In our view, most of the available information addresses how much was done by regional staff, in terms of intake counts and spending; it does not address how well a region did what it set out to do.

We noted that the ministry's new Data Mart information system provides a number of reports related to child protection, but no information about other family support services.

Some of the observations of the available information that regional staff made were:

- some members of all groups interviewed, including management, team leaders and field staff, expressed a need for more training to better interpret the reports and information they receive;
- managers and team leaders indicated a need for contractors' financial and operational reports to be standardized to make the information more readily understood and comparable to other contractors' reports;
- much of the information that is provided, in the monthly tracking report and elsewhere, would be more meaningful if benchmarks or targets were provided;
- the frequency and extent of changes to the numbering system, account detail and organization of the chart of accounts in the past five years has been problematic;
- some team leaders found that some service providers were not providing case reports satisfactorily; and
- some team leaders who carry responsibility for budgets and management of spending mentioned they do not get their budgets until several months into each fiscal year.

Recommendation

The ministry should:

(14) **enhance the value of the statistical information it provides by providing meaningful comparative information about family support services, where practical, and**

(15) **make available to field staff more training in the use and interpretation of available information.**

Ministry Response:

Data Services Section continues to work with regions and program policy to identify the needs and meet those needs, where practical. Data Services Section will also continue to work with Regional Authorities to identify and meets their needs as they arise from the Accountability Framework as well as Service Agreements.

Data Services Section has established a training position to train staff in the use and interpretation of information available from the Data Mart accessed through the ministry's internal web.

Measuring effectiveness

There are no systems to measure effectiveness of family support services at each of the service delivery levels: individual cases, district offices, and regions.

At the level of individual cases, social workers and their team leaders monitor each family's progress against their risk reduction plan, which amounts to an assessment of the effectiveness of the package of services provided under the plan. However, the results of the assessments are used only to decide the next course of action for the families. No attempt is made to objectively assess the relative effectiveness of the alternative sets of services that are provided for families in similar situations. As a result, front line staff express frustration that when a client family's situation improves, it is not clear what was effective, and when a family's situation does not improve, it is not clear why.

Without measures of effectiveness of services for individual cases, the regions are unable to measure objectively the effectiveness of their contracted service providers.

Information from client intake, assessment and case planning is not accumulated for use in regional and provincial planning and for monitoring service demands, changes in service demands, and waitlists.

The relative effectiveness of the services provided to each family is not assessed. This assessment would be a key factor in evaluating each district office's operations in delivering family support services, including child protection. The available information about district offices' performance is activity counts of protection and family support intakes, which enables comparison of volumes of those activities between regions.

The effectiveness of each region's delivery of family support services also cannot be measured, as it would be a compilation of the district offices' effectiveness, which is not measured.

Recommendation

[16] The ministry should:

- **develop its information systems so that casefile data can be analyzed for relationships between identified client needs, family support service approaches used, service providers used, and case outcomes;**
- **accumulate casefile data regarding the effectiveness of family support services as a means of evaluating district offices, regions, and the ministry as a whole;**
- **develop its capacity to identify effective family support service approaches through both analysis of provincial casework and study of other jurisdictions' research and practices;**
- **integrate the results in the planning for family support services recommended at 2.1.2 above; and**
- **enhance its processes for communication of relevant family support material to staff.**

The ministry has recently stated its intention to identify and use services and service approaches for which effectiveness has been proven through research.

* * *

The ministry should develop ways of using the chart of accounts to enable reporting of expenditures by service program and by casefile, and consider whether the information systems should enable analysis of expenditures by any of:

- **age range of client children,**
- **protective or non-protective,**
- **nature of services, and**
- **whether or not the ministry is gatekeeper.**

Ministry Response:

Measuring effectiveness – The ministry has developed a draft Accountability Framework document for Regional Authorities. Once the Accountability Framework is completed, programs and services have been defined, and performance measures as well as Service Agreements finalized with Regional Authorities, Data Services Branch may work with program policy and Regional Authorities to develop the appropriate information systems to meet these recommendations. Regional Authorities may choose to

develop their own information systems. Communication to staff will be the responsibility of the Regional Authorities.

Expenditure reporting - The current Chart of Accounts is not the most appropriate vehicle to capture all of these categories of expenditures. The ministry is redesigning the chart of accounts for fiscal 2004 with services more aligned with the System of Care and Companion Documents and any other information requirements that may be negotiated in the Service Agreements with the Regional Authorities.

Data Services Branch will explore the feasibility of merging client information with expenditure data in the Data Mart system.

2.4.3 Reporting by Contracted Service Providers

Overall, we concluded that though contracts usually require that key management information be reported to the ministry, the regions do not monitor and enforce compliance with that requirement, and the contractors generally do not comply. As a result, the ministry does not have much of the information needed to evaluate contractors' performance and to summarize for planning purposes.

Contract requirements

Of 126 contracts we examined, 87% required that contractors report on their performance on key deliverables to the regions. In our opinion, this represents a significant improvement in the past few years. The reason for the improvement is that the regions have converted many of their contracts to the standardized contract formats recommended by the Contract Reform group. The new formats have much-improved standard wording regarding contractors' reporting requirements.

The three basic requirements that we believe should be required of contractors for each service or program at least once per year are:

- budgets, to be received prior to the start of each new fiscal year;
- financial reports in a format easily comparable to the budgets; and
- operating reports, showing actual performance for each key performance indicator compared to the targets specified in the contracts.

The ministry's latest standard contract formats require financial and operating reports by service, and specify the required contents of operating reports in general terms. However, the wording of the ministry's contracts is not sufficiently specific that contractor performance can be assessed from the reports the contractors are required to provide. Each contract should:

- specify the performance assessment criteria to be used,
- state the performance targets, and
- require reporting of actual results compared to the targets.

The ministry does not require that contractors' operating reports contain specified data in a particular order. As a result, field staff find it difficult to compare operating results among contractors who provide similar services. Comparison of operating reports would be a useful method of assessing the contractors' relative performance. The ministry should specify in its contracts an operational reporting format for the more common services and programs.

Some regional managers noted that they find it difficult to develop contract wording for desired outcomes with readily measurable indicators, and typically seek headquarters' support for this. They suggest that headquarters should develop suggested sets of desired outcomes for each common service and program, with applicable measurable indicators, and provide those to the regions.

Contractors' Compliance

We compared the contents of a sample of regions' files on their contractors to the related contractual report requirements and found that only 13 of 74 (18%) contract files reviewed had all of the required reports for 2000/01 on file. More than half of the files did not contain any of the required reports. Regional staff told us that district offices may have received additional reports from the contractors and not forwarded them to the regional offices.

Regional management acknowledged that they do not ensure that the contractors submit the required reports. They said they do some monitoring of reports on some contracts, but they do not have a system to ensure that required reports are received, or to assess the contents of financial and operational reports against their expectations of the contractors' performance. They say they have too many contracts for their limited qualified staff to monitor agencies' performance well.

Evaluation of Contractors

The regions do not do formal evaluations of their contractors. They do some informal monitoring of contractors' performance, though not consistently or as an organized process. Informal methods used include:

- by referring clients and by working with agencies' staff, social workers and team leaders get a sense, over time, of each agency's relative effectiveness;
- review of clients' reports and complaints to regional staff about agencies;
- regional staff pick up information casually from various sources in the communities; and
- review of contractors' reports on individual cases, and their periodic financial and operational reports.

Consequently, management in the regions does not have much of the information necessary to properly manage the contracted annual expenditures of over $67 million for family support services. The regions and headquarters are lacking information important to their planning and resource allocation decisions, such as how much of each type of service was provided to how many clients, at what cost, and with what results.

Recommendation

(17) **After the ministry has organized its family support services into programs, the ministry should develop:**

- **an operational reporting format for each program and require its use by the contractors involved;**
- **its capacity to monitor contractors' reports to ensure that the contracted inputs, outputs and/or outcomes were delivered; and**
- **sets of desired outcomes for each common service and program.**

Ministry Response:

Reporting will be the responsibility of the Regional Authorities as part of the reporting requirements from contractors under the Accountability Framework to be completed by the ministry for Community Governance.

Prior to the transfer of services to Regional Authorities, reporting options will be reviewed as part of the Contract Accountability Project.

APPENDIX A – CRITERIA FOR AUDIT OBJECTIVE 2

This appendix repeats the four areas of delivery and co-ordination of the major family support services to be assessed, and presents the criteria to be used in making the assessments.

a) Framework

Objective: To assess whether:

- the selected clusters of family support services are supported by legislation, policy, and defined objectives, outcomes and measurable performance indicators; and
- those services' objectives are consistent with the ministry's overall priorities, objectives and strategies.

Criteria:

- The selected service clusters are consistent with relevant legislation and with the purposes and objectives for services stated in Chapter 9 of the Child, Family and Community Service policy manual.
- The selected clusters of services are provided within a framework for family support services which specifies goals, desired outcomes, plans, measurable performance measures, and accountability for each cluster of services.
- There are processes to ensure that the goals of each cluster of services are consistent with the ministry's priorities, objectives and goals.
- Policy exists for each service or cluster of services and defines: intended clients, eligibility criteria, intended outcomes, income testing requirements, and expenditure guidelines.
- Services within a cluster have similar definitions of intended clients, eligibility criteria, outcomes, and income testing requirements.
- Staff in various positions display a consistent knowledge and understanding of the goals, intended outcomes, plans, performance measures and policy for family support services as a whole and for each family support service.

b) Service Approaches and Delivery

Objective: To assess the ministry's service delivery systems for the selected clusters of services to determine:

- how the regions manage and deliver those services;
- how the regions identify and respond to changing and emerging needs in the communities;
- whether language used in the contracts supports attainment of the goals of the services;
- how relevant ministry staff assess the ministry's delivery systems for those services;
- whether the services are aligned to minimize gaps and overlaps; and
- what is being done to evaluate current research and ensure effectiveness through the use of best practices, and how the ministry could improve in that area.

Criteria:

- The regions have defined processes and assigned responsibilities to:
  - assess whether existing services meet client, community and the regions' needs,
  - monitor and respond to changing and emerging needs in communities,
  - plan services and service delivery approaches to ensure those needs are met, and
  - deliver, monitor and evaluate delivery of the selected clusters of services.
- The ministry and regions have processes to communicate availability of services to those who may need the services.
- Contracts for delivery of the selected clusters of services:
  - include clearly defined deliverables and performance measures which are consistent with the goals and intended outcomes of the services; and
  - support reduction of the number of children coming into care and the purposes and objectives of the selected service clusters as stated in Chapter 9 of the Child, Family and Community Service policy manual.

- The mandates of two or more of the selected services do not overlap unnecessarily.

- Clients are not able to obtain unnecessarily duplicated services.

- Headquarters and the regions periodically review current research and other jurisdictions' practices and identify and implement best practices. The ministry has a process to communicate recommended approaches and best practices to all regions.

c) Intake, Assessment and Case Planning

Objective: To assess whether the regions' practices, and the practices required in contracts of contractors, for intake, assessment and case planning for the selected clusters of services are consistent with:

- legislation (sections 2 and 3 of the *Child, Family and Community Service Act*),

- generally accepted policy,

- the ministry's values, including cultural responsiveness, and

- other regions' practices.

Criteria:

- The intake, assessment and case planning processes used by regions and required for use by contractors are consistent with the guiding principles and service delivery principles of the *Child, Family and Community Service Act* and the ministry's values, including cultural responsiveness, and are consistent within and between regions, for the selected service clusters.

- Policy exists and is generally accepted, and procedures of ministry staff and required of contractors are consistent with policy regarding:

  - client intake criteria & process, including eligibility and income testing;

  - waitlist management;

  - guidelines for expenditures;

  - quantity of service delivered per client; and

  - records maintenance and reporting.

- There is a consistent process to record and summarize service requests that are denied, and re-direct requests that are better handled elsewhere.

- The regions and contractors use a consistent process to deal with client complaints.

- Waitlists are maintained for each selected service cluster, and waitlist management procedures are documented and applied consistently through the ministry.

d) Monitoring and Reporting

Objective: To determine:

- what information headquarters and the regions require to manage delivery of the selected clusters of services effectively;

- whether they receive that information, and, if not, whether and how it could be provided to them; and

- what information is used for decision making.

Criteria:

- There are consistent processes to identify and deliver required management information and resolve information gaps.

- Required information is accessible to, and used by, management and staff to plan, budget, monitor, evaluate and deliver the selected service clusters.

- Contracts for the selected service clusters require that key ministry management information be reported, and contractors consistently provide the required information. This information is summarized and communicated within regions and to headquarters.

- Information from client intake, assessment and case planning is accumulated for use in regional and provincial short-term and long-term planning and for monitoring:

  - service demands;

  - changes in service demands at both the ministry and regional levels; and

  - waitlists.